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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|---|
| Application Number | n/a |
| Filing Date | Herewith |
| First Named Inventor | BOYNTON, Thomas A. |
| Title | Vacuum Assisted Tissue Treatment System |
| Group Art Unit | n/a |
| Examiner Name | n/a |
| Attorney Docket Number | VAC.715 |

I hereby appoint:

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OR

Practitioner(s) named below:

| Name | Registration Number |
|----------------------|---------------------|
| Nadeem G. Bridi | 42,361 |
| William H. Quirk, IV | 33,996 |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

Firm or Individual Name

Kinetic Concepts, Inc.

Address

P.O. Box 659508

Address

City

San Antonio

State

TX

Zip

78265-9508

Country

USA

Telephone

210-255-4543

Fax 210-255-4440

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Thomas A. Boynton

Signature

Thomas A. Boynton

Date

1 August 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 7 (seven) forms are submitted.

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| Application Number | n/a |
| Filing Date | Herewith |
| First Named Inventor | SANDERS < Teryl Blane |
| Title | Vacuum Assisted Tissue Treatment System |
| Group Art Unit | n/a |
| Examiner Name | n/a |
| Attorney Docket Number | VAC.715 |

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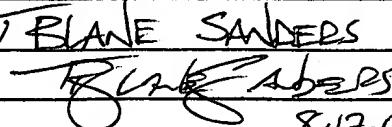
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| | |
|-----------|---|
| Name | T. BLANE SANDERS |
| Signature |  |
| Date | 8-17-01 |

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|-----------|--------------|
| Name | Keith Heaton |
| Signature | |
| Date | |

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|-----------|--------------|
| Name | Kenneth Hunt |
| Signature | |
| Date | |

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| | |
|-----------|------------|
| Name | Mark Beard |
| Signature | |
| Date | |

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Name DAVID M. TURNER

Signature

Date 8/12/01

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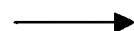
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| | |
|-----------|------------------|
| Name | L. Tab, Randolph |
| Signature | |
| Date | 8/03/01 |

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